



DEPARTMENT OF FINANCE & ADMINISTRATION  
Office of Personnel Management  
**Emergency Hire Request**

Employee Name <i>(Last, First, Middle)</i>		Personnel Number or SSN <i>(if applicable)</i>	
Business Area	Personnel Area	Organization Unit	
Position Number	Job Title	Class Code	Pay Grade Type
Position Is: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Agency certifies that Applicant meets official minimum qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**JUSTIFICATION:**

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**Agency/Institution Approving Authority**

Agency/Institution Approving Authority	Date <i>MM/DD/YY</i>
Agency/Institution Approving Authority	Date <i>MM/DD/YY</i>

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	OPM Approving Authority	Date <i>MM/DD/YY</i>
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Chief Fiscal Officer of the State	Date <i>MM/DD/YY</i>